

## **Retail Food Establishment Inspection Report**

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	ent Name				l:	
		Λ	toler All	Telephone Number	Date of In (mm/dd/y	
Red III de	rnos	/V	IEW Albany unber and street, city, state, zip code)	812-949-7914		10-
7002	ent Addre	ss (nu	imber and street, city, state, zip code)		11-6	-20 75
Owner	Char	143	foun Rd New Albany. IN 47150			
	K Joh	M PA	10	Purpose:	Follow-u	^ l
Owner's A		1130		1. Routine	NO	<del></del>
2006	Col	م	De Chanland Florthelinka 11/47/19	2. Follow-up	Summary	y of Violations:
Person in C	Charge	<u> </u>	De Chanbord Floydefuolg W 47/19 Smith, GM Kirk Johnson	3. Complaint	l i	7
•	Gel	ጉሌ	Smith GA Kick lubracon	4. Pre-Operational	C NC R	
Responsible	e Person's	E-ma	il	5. Temporary	Menu Tv	pe (See back of page)
				6. HACCP	ivicina 1y	pe (bee buck of page)
Certified F	ood Manag	ger		7. Other (list)	1 2	V 3 4 5
		6	eorge smith 122		1 **	<u></u>
• CRITICAL	ITEMS AF		ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"		
Section#	C/NC	_	P FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MIMARY OF VIOLATIONS" AN	D IN THE N	
Section#	C/NC	R	Narrative Narrative		+	To Be Corrected By
			- Employees are required to we	· · · · · · · · · · · · · · · · · · ·	1	
			July 17 unless order is ex			
	<u> </u>		- Find recommeds Keeping	a temo log for	}	
				day defrost cycli	-	
324	NC			on drak machine		4 days
	70-					10093
431	111				_	
731	NC		Observed wall corner in u	raiewash to be		C days
			in need of cleaning.	·		<u>(</u>
			Observed spill of flour new	ar Mixer.	÷	2 days
443	$C \mid$		Observed no sanitizer in	ware wach May	line	Collected
			Sani bucket concentrate w			Concento
		1		,		
		_	meusured at normal Ran	ge		
				<u> </u>		
	ĺ		· ·-		-	<del></del>
				· · · · · · · · · · · · · · · · · · ·		
Received by	(name and	title p	rinted):	Inspected by (name and title pr	inted):	
George	سڪ م	. 12		Thomas Snio		:HC
Received by			9.71	Inspected by (signature):	ic, 2	
ر م	6 7	-		The state of the s	1-0	,
ce:	<u> </u>	W	CC:	Johnson	NW.	<u></u>
			V (30.		cc:	İ

Floyd County Health Department Inspection Notes							
		DALE SAN DE LA COMMENCACIÓN DE LA COMPANION DE					
	,	PIC: George Smith					
		CFH:					
		Health Policy Y - N Food Code: Y - N					
		Email:					
		No misks in book					
11613		warn fridge 49°F - may be de front - defrosting.					
443	C	10 Sani					
V 324	NC	Clean wall new washing a corner Cooke look					
431	NC	flour spill					
9 19 71	// C	1 too sprit					
	·						
		. *					

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